



Eau Claire City/County Paratransit Program

APPLICATION FOR PARATRANSIT CERTIFICATION

For office use only:

Date Received _____

Category _____

Status _____

Effective Date _____

Expiration Date _____

The City of Eau Claire and Eau Claire County provide a joint specialized transportation program for people whose disabilities prevent them from using the city bus system, and for those elderly/disabled persons in the rural parts of the County who do not have access to any transportation service. The Eau Claire City/County Paratransit Program is contracted through Abby-Vans, Inc. The City of Eau Claire is required to provide this service under the auspices of the Americans with Disabilities Act (ADA).

The information obtained in this certification will be used only for the provision of the Eau Claire City/County Paratransit Program. It will not be shared with any other person or agency, other than the subcontractors, including Abby-Vans, Inc. and Western Dairyland, hired in the provision of the service. ***It is very important that you complete the application thoroughly.*** Incomplete applications may be returned, thereby delaying the certification process.

PLEASE TYPE OR PRINT:

1. Last Name _____ First Name _____ M.I. _____

2. Address _____
(Include facility name if applicable)

City _____ State _____ Zip _____

3. Telephone number (home) _____ (work) _____

4. Date of birth _____ Social Security # _____

5. What is your disability or problematic health condition? _____

Is this condition temporary? ☐ Yes ☐ No If "Yes," the expected duration is until ____ / ____ / ____

Are you on Medical Assistance? (Not to be confused with Medicare) ☐ Yes ☐ No

6. If you live in Eau Claire or Altoona, how does your disability/health condition prevent you from using the city bus? Please explain thoroughly. (*Attach additional information if necessary.*)

Applicant's Last Name_____

7. Are there any other effects of your disability or health condition that we should be aware?

8. Which, if any, of the following aids for mobility do you use? (*Check all that apply.*)

- ☐ Manual wheelchair ☐ Electric wheelchair ☐ Electric scooter ☐ Walker
☐ Guide animal ☐ White Cane ☐ Cane ☐ Crutches

If you use a wheelchair or electric scooter, please provide the following information:

Make/Model_____ Size of device: Length_____ Width_____

Your weight_____ Weight of chair_____

9. Do you travel with a Personal Care Attendant?

☐ Yes ☐ No If "Yes," list individual's name and relationship to you_____

10. Please answer the following questions about your disability/health condition:

Do you use a communication aide?

☐ Yes ☐ No If "Yes," please specify the device_____

Does your disability allow you to give addresses and telephone numbers upon request?

☐ Yes ☐ No ☐ Sometimes_____

Does your disability allow you to recognize a destination landmark?

☐ Yes ☐ No ☐ Sometimes_____

Does your disability allow you to ask for, understand and follow directions?

☐ Yes ☐ No ☐ Sometimes_____

11. List the names of two people who may be contacted in case of an emergency:

Name_____ Telephone #_____ (H)
_____ (W)

Relationship_____ Address_____

Name_____ Telephone #_____ (H)
_____ (W)

Relationship_____ Address_____

Applicant's Last Name_____

12. Please answer all the following questions about your mobility:

Can you travel from your residence to the curb or roadside without assistance?

☐ Yes ☐ No ☐ Sometimes_____

Can you travel one block without the assistance of another person?

☐ Yes ☐ No ☐ Sometimes_____

Can you travel ¼ mile without the assistance of another person?

☐ Yes ☐ No ☐ Sometimes_____

Can you travel ¾ mile without the assistance of another person?

☐ Yes ☐ No ☐ Sometimes_____

Can you climb steps without assistance?

☐ Yes ☐ No ☐ Sometimes_____

If "Yes," how many in succession?_____

Can you wait outside without support for 10 minutes?

☐ Yes ☐ No ☐ Sometimes_____

Have you ever ridden a city bus?

☐ Yes Why do you no longer ride the city bus?_____

☐ No Why not? Please explain_____

If personalized assistance were provided to teach you how to ride the city bus, would you be willing to use it? Why or why not?_____

Did you know that the Americans with Disabilities Act (ADA) of 1990 only requires public transportation programs to serve those individuals in a "common wheelchair?" The ADA defines a "common wheelchair" as a mobility device that is **no more than 30 inches wide, 48 inches long or weighs more than 600 pounds when occupied.**

If your mobility device exceeds these dimensions, the ADA does NOT guarantee your paratransit service.

Applicant's Last Name_____

13. In order for your application to be evaluated, it may be necessary to contact a physician or other professional to confirm the information you have provided. Please complete the following information and authorization form:

The following professional is familiar with my disability/health condition and is authorized to provide Eau Claire Transit and their designated Certification Services Provider (Western Dairyland) with the information required to complete this certification. (If more than one professional is involved with your care, please attach additional information.)

☐ Physician/Nurse ☐ Health care professional ☐ Rehabilitation professional

☐ Occupational therapist ☐ Physical therapist ☐ Mental health professional

Professional(s) Name_____

Facility_____ Address_____

City_____ State_____ Zip_____

Telephone number_____ FAX_____

I hereby authorize the above professional to provide the required information to Eau Claire Transit and/or Western Dairyland. I certify that the information here and on the preceding pages is correct. I understand that falsification of information may result in denial of service and may lead to criminal prosecution according to appropriate federal and state law.

Furthermore, I understand that it may be necessary for me to participate in an in-person evaluation to determine my eligibility for paratransit services. This evaluation will be provided, under contract, at Western Dairyland.

Signed_____ Date_____

14. If this application has been completed by someone other than the person requesting certification, he/she must supply the following information about him/herself:

Name_____ Relationship_____

Address_____

City_____ State_____ Zip_____

Daytime telephone number_____

Would you like correspondence regarding this application and service sent to you?

☐ Yes ☐ No ☐ Certain conditions_____

Signed_____ Date_____

Please mail or fax this COMPLETED application form to:

**Eau Claire Transit
910 Forest Street
Eau Claire, WI 54703
715/839-5111
715/839-1693 (FAX)**

Please note that you will be contacted via telephone if you need to be evaluated in person. All applicants will receive a letter within 21 days of receipt of the application with a determination. If you are denied, the appeals process will be provided.